

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s): David M. Stern, et al.
 Serial No. : 09/687,528 Examiner: Shin-Lin Chen
 Filed : October 13, 2000 Group Art Unit: 1632
 For : A Method for Inhibiting New Tissue Growth in Blood Vessels
in a Patient Subjected to Blood Vessel Injury

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: August 19, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

☐ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	7 -	* 24 =	*** 0 x	\$25	\$50	=	0	
Independent Claims	1 -	** 4 =	*** 0 x	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): ☐

THE TOTAL FEE DUE IS \$ 0.00.

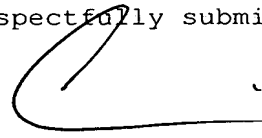
☐ A check in the amount of \$ ☐ is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of
\$ ☐.

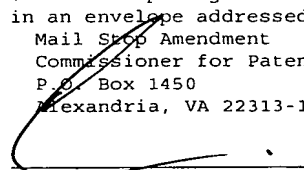
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Alan J. Morrison Date
Reg. No. 37,399



Dkt. 0575/62096/JPW/AJM/JCS

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BLOOD VESSELS IN A PATIENT SUBJECTED TO BLOOD
VESSEL INJURY

1185 Avenue of the Americas
New York, New York 10036
August 19, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

COMMUNICATION IN RESPONSE TO MAY 20, 2005 FINAL OFFICE ACTION

This Communication is submitted in response to a May 20, 2005 Final Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the May 20, 2005 Final Office Action is due August 20, 2005. Accordingly, this Communication is being timely filed.